

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

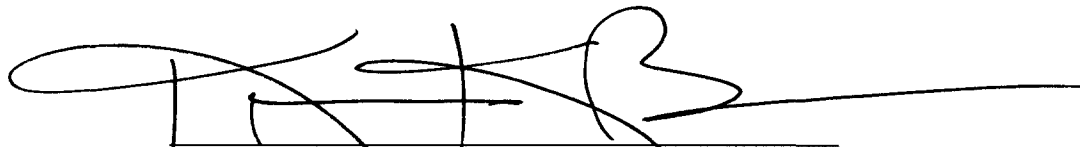
IN RE: Lance and Anne Lamb McFaddin	\$ \$ \$ \$ \$ \$	CASE NO: 89-00323
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ORDER

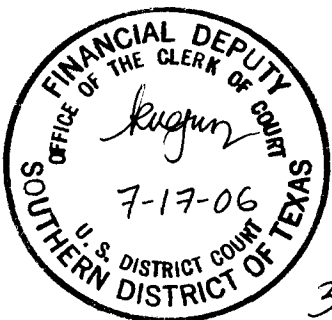
The Motion of William T. Towles, for William T. Towles, is Denied for the following reasons: A check in the amount of \$3,280.31 was disbursed to William T. Towles, in the care of Douglas Baum on March 29, 2001 per signed order by Judge Karen K. Brown.

Any unresolved financial procedural questions should be directed to the Financial Section of the Office of the Clerk of Court, attention Kathy Nguyen at 713-250-5545.

DONE at _____, Texas this the 18 day of July 2006.



UNITED STATES BANKRUPTCY JUDGE



UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXASIn Re: McFaddin, Lance C. &
McFaddin, Anne (Lamb)

Case No: 8900323

Debtor(s)

UNITED STATES COURTS
SOUTHERN DISTRICT OF TEXAS
FILED

JUN 28 2006

MICHAEL N. MILBY, CLERK OF COURT

APPLICATION FOR PAYMENT OF DIVIDEND UNCLAIMED FUNDS

Comes now the undersigned, to make application for an order directing payment of unclaimed funds now on deposit in the Treasury of the United States. Claimant is a ☒ creditor ☐ debtor (check one) in the above captioned bankruptcy case and on whose behalf these funds were deposited.

Name of Claimant	William T. Towles		
Name of Business Entity			
Title of Officer/Representative (if claimant is a business entity)			
Mailing Address	3400 Paces Forest Road NW		
City	Atlanta	State	Georgia Zip 30327-2240
Telephone Number: Home ()		Work ()	
SS#	Tax ID# (for all business entities)		
Amount Being Claimed	\$3,280.31		

I, William T. Towles, do hereby state under penalty of perjury that I am legally entitled to claim these funds were deposited into the treasury in the above referenced bankruptcy case. I certify to the best of my knowledge that all information submitted in support of this claim is true and correct.

June 21, 2006
Date

William T. Towles
Claimant Signature

Subscribed and Sworn to Before Me this 21st day of June 2006

Elizabeth Bracewell
Notary Public
In and for the State of Georgia

My commission expires _____

ELIZABETH BRACEWELL
Notary Public, Fulton County, Georgia
My commission expires February 13, 2009

W. J. Hunter
6/22/06

Department of the Treasury -- Internal Revenue Service

Form 1040 U.S. Individual Income Tax Return 1989

For the year Jan.-Dec. 31, 1989, or other tax year beginning 1989, ending OMB. No. 1545-0074

Use IRS label. Otherwise, please print or type.

WILLIAM T. TOWLES
ELIZABETH S. TOWLES
3400 PACES FOREST RD NW
ATLANTA, GA 30327

Your social security no.
~~123-45-6789~~

Spouse's social security no.
~~123-45-6789~~

Presidential Election Campaign Do you want \$1 to go to this fund? ☐ Yes ☒ No
 If joint return, does your spouse want \$1 to go to this fund? ☐ Yes ☒ No **Note:** Checking "Yes" will not change your tax or reduce your refund.

Filing Status

1 ☐ Single

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here.

4 ☐ Head of household (with qualifying person). (See page 7 of Inst.) If qualifying person is your child but not your dependent, enter child's name here.

5 ☐ Qualifying widow(er) with dependent child (yr. spouse died 1989). (See page 7 of Instructions.)

Exemptions

6a ☒ Yourself If someone (such as your parent) can claim you as a dependent on his/her tax return, do not check box 6a. But be sure to check box on line 33b on pg. 2.

b ☒ Spouse

c Dependents:

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of mo. lived in your home in 1989

No. of boxes checked on 6a and 6b **2**

No. of your children on 6c who:

- lived with you
- didn't live with

(See Instructions on page 8.)

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CC E
 Form **1040** Department of the Treasury-Internal Revenue Service
U.S. Individual Income Tax Return 1988

For the year January-December 31, 1988, or other tax year beginning		1988, ending	19	OMB No. 1545-0074
Your first name and initial (if joint return, also give spouse's name and initial)		Last name		Your social security number
WILLIAM T & ELIZABETH S		TOWLES		6528
Present home address				Spouse's social security no.
3400 PACES FOREST RD NW				3831
City, town or post office, state and ZIP code				For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
ATLANTA		GEORGIA		30327
TOWLES		Do you want \$1 to go to this fund?		Yes No
Presidential Election Campaign		If joint return, does your spouse want \$1 to go to this fund?		Yes No

Filing Status	1	<input type="checkbox"/>	Single				
	2	<input checked="" type="checkbox"/>	Married filing joint return (even if only one had income)				
	3	<input type="checkbox"/>	Married filing separate return. Enter spouse's social security number above and full name here.				
	4	<input type="checkbox"/>	Head of household (with qualifying person). (See page 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here.				
	5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (year spouse died ► 19). (See page 7 of Instructions.)				
Exemptions (See Instructions on page 8.)	6a	<input checked="" type="checkbox"/>	Yourselves	No. of boxes checked on 6a and 6b			
	6b	<input checked="" type="checkbox"/>	Spouse				
If more than 6	c Dependents:		(2) Check if under age 5	(3) If age 5 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1988	No. of your children on 6c who: • lived with you • didn't live with you due to divorce or separation
	(1) Name (first, initial, and last name)						